

# SEVIER COUNTY DRUG COURT TRAVEL REQUEST

Client Name: \_\_\_\_\_

Drug Court Level: \_\_\_\_\_

Date and time you are leaving: \_\_\_\_\_

Date and time you will return: \_\_\_\_\_

Who you will be spending time with: \_\_\_\_\_

\_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

Destination: \_\_\_\_\_

\_\_\_\_\_

Possible triggers for relapse: \_\_\_\_\_

\_\_\_\_\_

Relapse Prevention Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_